

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0025290

DOCUMENT # L02000020528

1. Entity Name

FT. LOCK IT DOWN RECORDS, LLC



FILED

03 JUN 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
3540 NW 50TH AVENUE, #N302
LAUDERDALE LAKES FL 33319

Mailing Address
PO BOX 190194
FORT LAUDERDALE FL 33319

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
47-0883256

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAAC, STANLEY
3540 NW 50TH AVENUE, #N302
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

600018801726
06/03--01033--002 **100.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BREYAN S. ISAAC
3540 NW 50 AVENUE (N302)
LAUDERDALE LAKES, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOANNE C. ISAAC
3540 NW 50 AVENUE (N302)
LAUDERDALE LAKES, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4/30/03

954214-9366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)